

CASSIDAY

CASSIDAY SCHADE LLP
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September 2, 2021

BRENT S. SCOTT

WRITER'S DIRECT DIAL 314-655-4718

BSCOTT@CASSIDAY.COM

VIA EMAIL ONLY DOC.ARBLegalReq@illinois.gov
Illinois Department of Corrections
P.O. Box 19277
1301 Concordia Court
Springfield, IL 62794

Re: JEFF MCGRAW, #Y38458 v. MARY PEEKS, A. DAVID, WARDEN MITCHELL, and
WEXFORD HEALTH SOURCES
Court No.: 3:21-cv-00800-SMY
Our File No.: 048928/21061/TPD/BSS

Dear Sir or Madam:

This firm represents Alfonso David and Wexford Health Sources, Inc. in an action brought by JEFF MCGRAW, #Y38458. In preparing this case for trial, we need to obtain CERTIFIED copies of all records listed on the attached Subpoena concerning JEFF MCGRAW, #Y38458. **Please note that we need these records no later than October 4, 2021.**

Also enclosed is an Order of the Court, permitting the release of records to our office. It is our understanding you will mail these records to our office, in lieu of appearing for a deposition. In addition, as the Records Custodian, please read and execute the enclosed Affidavit. If the records are returned without a properly executed Affidavit, it will increase the likelihood that a representative of your facility will have to appear before the Court to certify the records.

If you should have any questions or concerns, please contact me. Any charges associated with this request should be billed to this firm and directed to my attention. Thank you for your assistance.

Sincerely,

Cassiday Schade LLP



Brent S. Scott

Enclosure

cc: Jeff McGraw, #Y38458
R. Levi Carwile

9951144 BSCOTT;MJANINI

(Page 1)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

JEFF MCGRAW, #Y38458,

Plaintiff,

v.

Civil Action No. 3:21-cv-00800-SMY

MARY PEEKS, A. DAVID, WARDEN
MITCHELL, and WEXFORD HEALTH
SOURCES,

Judge Staci M. Yandle

Defendants.

**SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION**

TO: Individual in Custody Issues, Illinois Department of Corrections, 1301 Concordia Court,
Springfield, IL 62794

☒ **Production:** **YOU ARE COMMANDED** to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and permit their inspection, copying testing, or sampling of the material: All grievance and related documents submitted by Jeff McGraw, #Y38458 and related grievance officer decisions, decisions of the Administrative Review Board and Director, including IGRV Individual in Custody History from August 30, 2019 to the present

Place:
Cassiday Schade LLP
100 North Broadway, Suite 1580
St. Louis, MO 63102

Date and Time:
October 4, 2021

☐ **Inspection of Premises:** **YOU ARE COMMANDED** to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The provisions of Fed. R. Civ. P. 45(c), relating to your protection as a person subject to a subpoena, and Rule 45 (d) and (e), relating to your duty to respond to this subpoena and the potential consequences of not doing so, are attached.

Date: September 2, 2021

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk_____
Attorney's Signature

The name, address, e-mail, and telephone number of the attorney representing (name of party) WEXFORD HEALTH SOURCES, INC., ALFONSO DAVID, and MARY PEEKS, who issues or requests this subpoena, are: Brent S. Scott (bscott@cassiday.com), Cassiday Schade LLP, 100 North Broadway, Suite 1580, St. Louis, MO 63102, (314) 241-1377.

(Page 2)

Civil Action No. 3:21-cv-00800-SMY

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

This subpoena for (name of individual and title, if any) _____
was received by me on (date) _____.

☒ I served the subpoena by delivering a copy to the named person as follows: Individual in
Custody Issues, Illinois Department of Corrections, 1301 Concordia Court, Springfield, IL
62794 via email on September 2, 2021 .

Unless the subpoena was issued on behalf of the United States, or one of its officers or
agents, I have also tendered to the witness fee or one day's attendance, and the mileage
allowed by law, in the amount of \$ _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: September 2, 2021

Michele Janini

Server's Signature

Michele Janini, Paralegal

Printed Name and Title

Cassiday Schade LLP
100 North Broadway, Suite 1580

St. Louis, MO 63102

Server's Address

Additional information regarding attempted service, etc.:

Federal Rule of Civil Procedure 45 (c), (d), and (e) (Effective 12/1/07)

(c) Protecting a Person Subject to a Subpoena. (1) *Avoiding Undue Burden or Expense; Sanctions.* A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The issuing court must enforce this duty and impose an appropriate sanction — which may include lost earnings and reasonable attorney's fees — on a party or attorney who fails to comply.

(2) *Command to Produce Materials or Permit Inspection.*

(A) *Appearance Not Required.* A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(B) *Objections.* A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing or sampling any or all of the materials or to inspecting the premises — or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:

(i) At any time, on notice to the commanded person, the serving party may move the issuing court for an order compelling production or inspection.

(ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance. **(3) *Quashing or Modifying a Subpoena.***

(A) *When Required.* On timely motion, the issuing court must quash or modify a subpoena that:

(i) fails to allow a reasonable time to comply;

(ii) requires a person who is neither a party nor a party's officer to travel more than 100 miles from where that person resides, is employed, or regularly transacts business in person — except that, subject to Rule 45(c)(3)(B)(iii), the person may be commanded to attend a trial by traveling from any such place within the state where the trial is held;

(iii) requires disclosure of privileged or other protected matter, if no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) *When Permitted.* To protect a person subject to or affected by a subpoena, the issuing court may, on motion, quash or modify the subpoena if it requires:

(i) disclosing a trade secret or other confidential research, development, or commercial information;

(ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party; or

(iii) a person who is neither a party nor a party's officer to incur substantial expense to travel more than 100 miles to attend trial.

(C) *Specifying Conditions as an Alternative.* In the circumstances described in Rule 45(c)(3)(B), the court may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:

(i) shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and

(ii) ensures that the subpoenaed person will be reasonably compensated.

(d) Duties in Responding to a Subpoena.

(1) *Producing Documents or Electronically Stored Information.*

These procedures apply to producing documents or electronically stored information:

(A) *Documents.* A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.

(B) *Form for Producing Electronically Stored Information Not Specified.* If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(C) *Electronically Stored Information Produced in Only One Form.* The person responding need not produce the same electronically stored information in more than one form.

(D) *Inaccessible Electronically Stored Information.* The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) *Claiming Privilege or Protection.*

(A) *Information Withheld.* A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:

(i) expressly make the claim; and (ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.

(B) *Information Produced.* If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information to the court under seal for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

(e) *Contempt.* The issuing court may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena. A nonparty's failure to obey must be excused if the subpoena purports to require the nonparty to attend or produce at a place outside the limits of Rule 45(c)(3)(A)(ii).

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS**

**JEFF MCGRAW,
Y38458,**

Plaintiff,

vs.

MARY PEEKS, ET AL,

Defendants.

Case No. 21-CV-800-SMY

HIPAA QUALIFIED PROTECTIVE ORDER

YANDLE, District Judge:

The Court finds that good cause exists for the entry of a Qualified Protective Order pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") to prevent the unauthorized disclosure and to direct the use of protected health information during the course of this litigation.

Accordingly, **IT IS ORDERED:**

1. All records produced by the parties to this litigation are produced subject to this Order.
2. This Order applies to any records produced by a covered entity, as defined by 45 C.F.R. 160.103, which has received a request or subpoena for protected health information.
3. During the course of this litigation, it may be necessary for the parties or their attorneys to disclose Plaintiff's protected health information, as that term is defined under HIPAA and the Federal Regulations promulgated pursuant to that Act.

- (a) All protected health information disclosed by any of Plaintiff's healthcare providers shall be used for the sole purpose of preparing for or conducting this litigation, including but not limited to investigation, consultation, discovery, depositions, trial preparation, trial, appeal, resolution, mediation, or uses incidental to the proceeding in this case and shall not be disclosed or revealed to anyone not authorized by this Protective Order.
- (b) Protected health information pursuant to this HIPAA Qualified Order may include information related to sexually transmitted disease, genetic testing, HIV, behavioral or mental health services, and treatment for alcohol and drug abuse.
- (c) Protected health information may be disclosed without further notice by any covered entity or healthcare provider, party or parties' attorney, to:
 - (1) The parties themselves, parties' attorneys, experts, consultants, any witness or other person retained or called by the parties, treating physicians, other healthcare providers, insurance carriers, or other entities from whom damages, compensation, or indemnity is sought and any entity performing, monitoring, or providing adjustment activities on behalf of such insurance carrier or other entity and/or their employees, agents, or third party administrators for any of the parties involved in the litigation; in any proceeding for health oversight activities as permitted under 45 C.F.R. 164.512, court reporters, copy services, other similar vendors to the parties and their attorneys, as well as the professional and support staff of the above.
 - (2) The parties, and each entity governed by this Order, shall either (a) destroy, or (b) return to the entity who originally produced it, all protected health information, including all copies made; provided, however, that said protected health information may be retained in the files of the entities listed in paragraph (1) above and may be destroyed pursuant to their regular file retention policies so long as the protected health information is maintained in a secure environment.

IT IS SO ORDERED.

DATED: 8/17/2021

s/ Staci M. Yandle,

Staci M. Yandle

United States District Judge

STATE OF ILLINOIS)
COUNTY OF Sangamon)

AFFIDAVIT OF CUSTODIAN OF GRIEVANCE RECORDS

Before me, the undersigned Notary Public, personally appeared Travis Baylor,
who, being by me duly sworn, deposed as follows:

My name is Travis Baylor (Custodian of Records), I am of sound
mind, capable of making this affidavit, and personally acquainted with the following facts:

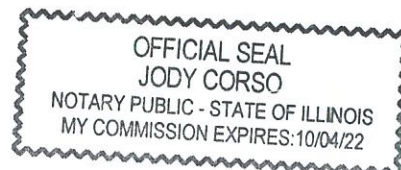
I am a custodian of the records of the Administrative Review Board, Illinois Department
of Corrections, hereinafter "the Board." Attached to this affidavit are 52 pages of
records from the Board regarding **JEFF MCGRAW, #Y38458**. These 52 pages of
records are kept by the Board in the regular course of business, and it was the regular course of
business of the Board for an employee or representative of this facility to make a record of or to
transmit information thereof to be included in such record; and the record was made at or near
the time of the act or event. The records attached hereto are the original or exact duplicates of
the original.

Travis Baylor
Affiant

IN WITNESS WHEREOF I have hereunto subscribed my name and affixed my official
seal this 3rd day of September, 2021

Jody Corso
Notary Public

My Commission Expires: 10/4/22



MCGRAW ARB 0007

Y38458 MCGRAW, JEFF IGRV Inmate History

IGrv Code	Hearing/Rec Date	IGrv Loc	Hearing Loc	Chair Code	Mail Code	Comments Field
MEDICAL	08/26/2021 ✓	PON	PON	TRBA	G	GRV# 092495. GRVS NEED FOR ADEQUATE MEDICAL TX FOR SEVERE PAIN DUE TO
MEDICAL	07/14/2021 ✓	SHA	PON	DEKN	G	RGF;PTF; GRV #92121 DTD 4/15/21 GRVS RECEIVED INADEQUATE MEDICAL CARE A
MEDICAL	04/20/2021 ✓	SHA	SHA	SAJO	G	GRV #2020-07-15 GRVS MRS. SANDUSKY, 6/26/20 TOLD HIM HE WAS NOT SMI, MS B
MEDICAL	03/16/2021 ✓	SHA	PON	DEKN	G	RGF;PTF;EGRV# 202011108E DTD 11/25/2020 GRVS DENIED TREATMENT FOR BLADI
MEDICAL	03/16/2021 ✓	SHA	PON	DEKN	G	EGRV# 2020-12-42E 12/8/2020 GRVS BEING REFUSED MEDICAL ATTENTION FOR ENI
DR	03/08/2021 ✓	SHA	PON	DEKN	G	RGF;PTF;(2)GRVS #2020-06-69 & #2020-07-56 GRVS INC #20200588/1-SHA ON 6/8/20;
MEDICAL	02/04/2021 ✓	SHA	SHA	TRBA	G	RGF: GRV #2020-06-96 GRVS INADEQUATE MED TX/ DELIBERATE INDIFFERENCE. G
MEDICAL	11/24/2020 ✓	SHA	SHA	WAKU	G	EGRV # 202005156E DATED 5/21/20. ON TX FOR NERVE DAMAGE TO ARM (R). THE P
MEDICAL	11/02/2020 ✓	SHA	SHA	WAKU	G	GRV #20202119E; GRVS HE IS NOT BEING GIVEN EFFEXOR MEDICATION DUE TO CI

J.B. Pritzker
Governor



Rob Jeffreys
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: McGraw, Jeff

8/26/21

Date

ID# : Y38458

Facility: Pontiac

This is in response to your grievance received on 8/23/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 5/9/21 Grievance Number: 092495 Griev Loc: Pontiac

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other Medical Treatment - treatment for pain in pelvis/scrotum

Based on a review of all available information, this office has determined your grievance to be:

- | | |
|---|--|
| <input type="checkbox"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____. | <input type="checkbox"/> Denied as the facility is following the procedures outlined in DR525. |
| <input type="checkbox"/> Denied, in accordance with DR504F, this is an administrative decision. | <input type="checkbox"/> Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment. |
| <input checked="" type="checkbox"/> Denied, this office finds the issue was appropriately addressed by the facility Administration. | <input type="checkbox"/> Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed. |
| <input checked="" type="checkbox"/> Other: <u>Per HCUA, patient seen and evaluated at UIC Urology on 6/2/21. Grievant has access to medical care.</u> | |

Treatment is at the discretion of IDOC Physicians. Grievant may submit a request to healthcare for any issues that arise.

FOR THE BOARD: Travis Bayler
Administrative Review Board

CONCURRED: Rob Jeffreys
Director

CC: Warden, Pontiac Correctional Center
McGraw, Jeff, ID# Y38458

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

MCRAW ARB 0009

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report

Date Received: 05/25/2021 Date of Review: 08/10/2021 Grievance # (optional): 092495
 Offender: McGraw, Jeff ID#: Y38458

Nature of Grievance:

Medical Treatment- DR TILDEN (CONDUCT 5/6/21); INADEQUATE MEDICAL ASSISTANCE

Facts Reviewed:

Individual in Custody grieves medical treatment by facility HCU.
 The HCU Administrator's response, dated 8/8/2021, the grievance dated 5/9/2021 was read and the applicable medical record was reviewed.

I am responding to your grievance as indicated above;

On 6/2/2021 patient was seen and evaluated at UIC Urology.

Current medications are Ultram 50mg BID and Ditropan 5mg BID.

If you are in need of medical attention, nurses are available 7 days a week. Contact the gallery officer to obtain a Medical Request Form and fill it out accordingly then submit it. Once HCU has received your slip you will be seen at sick call and evaluated and treated or referred to MD/NP sick call.

Recommendation:

Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the Individual in Custody's grievance be considered MOOT at this juncture based on the response of facility HCU Administrator to the issue. Any other judgment upon the issue that when returned for cause would have no practical effect upon the existing controversy.

H. Cox

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 8-12-21

☒ I concur

☐ I do not concur

☐ Remand

Action Taken:

RECEIVED

AUG 23 2021

ADMINISTRATIVE
REVIEW BOARD

Chief Administrative Officer's Signature

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date

Pontiac Correctional Center

Assigned Grievance #/Institution: _____

Housing Unit: ECHBed #: 9031st Lvl rec: MAY 14 2021

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender's Grievance

2nd Lvl rec: _____

MAY 25 2021

Date: <u>5-9-21</u>	Offender (please print): <u>Jeff McGraw</u>	ID #: <u>Y38458</u>	Race (optional): <u>Black</u>
Present Facility: <u>Pontiac Correctional Center</u>		Facility where grievance issue occurred: <u>Pontiac Correctional Center</u>	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
- ☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
- ☐ Transfer Denial by Facility ☒ Other (specify): Inadequate Medical, Deliberate Indifference.
- ☐ Disciplinary Report

Date of report _____

Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by CounselorChief Administrative Officer, only if **EMERGENCY** grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 5-6-21 I was sent to Health care for urgent care. My appointment was for Chronic Clinic. I informed Dr. Tilden that I am in severe pain due to bullet fragments being in my pelvis and scrotum. Tilden told me that my problems aren't important and I am scheduled to see a urologist. I am keep being told I am scheduled to see somebody and this is going on 3 months here at Pontiac that I'm receiving adequate medical assistance. Dr. Tilden put me

☒ Continued on reverse

Relief Requested:

Please give me adequate medical assistance. Investigate Wexford.

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.☒ Check if this is **NOT** an emergency grievance.Jeff McGraw

Offender's Signature

Y38458

ID#

5-9-21

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 5/17/21 ☒ Send directly to Grievance Officer☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

This issue pertains to medical treatment and should be forwarded directly to the grievance office

A. Dietz, CC

Print Counselor's Name

A. Dietz

Sign Counselor's Name

5/17/21

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
- ☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

AUG 23 2021

ADMINISTRATIVE
REVIEW BOARD

Chief Administrative Officer's Signature _____

Date _____

Distribution: Master File; Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

MCGRAW ARB 0011

Assigned Grievance #/Institution:

Housing Unit:

ECH

Bed #:

903

1st Lvl rec:

MAY 14 2021

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender's Grievance

2nd Lvl rec:

On a pain med Tremeadol for 3 weeks and told me he would put me on a higher dosage and add Meloxicam to help with my pain but only put me on 15mg Meloxicam which is a no one cares. Wexford should be shut down and investigated. I am scared if this problem doesn't get fixed soon i will have more problems for the rest of my life. please help me before i have permanent problems or maybe even lose my chance to produce sperm or have an erection.

092695

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

McGraw

Last Name

Jeff

First Name

MI

138458

ID#

Facility:

Pontiac

☐ Grievance: Facility Grievance # (if applicable) 92121 Dated: 6/10/21 or ☐ Correspondence: Dated: _____

Received: 7/12/21 Regarding: inadequate medical treatment @ Shawnee

Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____
Date
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer

Print Name

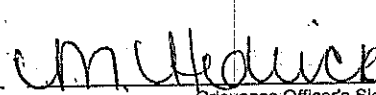
Debbie Knauer


Signature

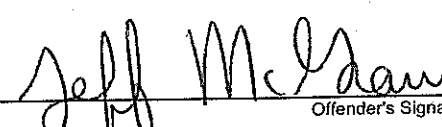
7/14/21

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>05/17/2021</u>	Date of Review: <u>06/01/2021</u>	Grievance # (optional): <u>092121</u>
Offender: <u>McGraw, Jeff</u>		ID#: <u>Y38458</u>
Nature of Grievance: <u>Medical Treatment- INADEQUATE MEDICAL CARE AT SHAWNEE C.C.</u>		
Facts Reviewed: Offender grieves medical treatment by facility HCU. The HCU Administrator's response, dated 6/1/2021, the grievance dated 4/15/2021 was read and the applicable medical record was reviewed. I am responding to your grievance as indicated above; On 4/5/2021 offender was seen in Urgent Care with Dr. Tilden. Offender had a medication issue and questions concerning an x-ray. Offender returned medication card of Ditropan. Offender was prescribed Mobic 15mg x 3 months. X-ray results discussed. UIC Urology appointment pending for this issue. If you are in need of medical attention, nurses are available 7 days a week. Contact the gallery officer to obtain a Medical Request Form and fill it out accordingly then submit it. Once HCU has received your slip you will be seen at sick call and evaluated and treated or referred to MD/NP sick call.		
Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the offender's grievance be considered MOOT at this juncture based on the response of facility HCU Administrator to the issue. Any other judgement upon the issue that when returned for cause would have no practical effect upon the existing controversy.		
M. Hedrick 3003		 <small>Grievance Officer's Signature</small>
<small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response		
Date Received: <u>6-10-21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken:		
<div style="font-size: 24px; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 18px; font-weight: bold; margin: 5px 0;">JUL 12 2021</div> <div style="font-size: 14px; font-weight: bold; margin: 0;">ADMINISTRATIVE REVIEW BOARD</div>		
 <small>Chief Administrative Officer's Signature</small>		<u>6-10-21</u> <small>Date</small>

Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>	<u>Y38458</u> <small>ID#</small>	<u>7-7-21</u> <small>Date</small>

Pontiac Correctional Center

Assigned Grievance #/Institution: _____

Housing Unit: CAD 40 Bed #: 9151st Lvl rec: MAY 05 2021ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance2nd Lvl rec: MAY 17 2021

Date: <u>4-15-21</u>	Offender (please print): <u>Jeff McGraw</u>	ID #: <u>Y38458</u>	Race (optional): <u>Black</u>
Present Facility: <u>Pontiac Correctional Center</u>		Facility where grievance issue occurred: <u>Shawnee Correctional Center</u>	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☐ Other (specify): _____
☐ Disciplinary Report

Date of report: _____

Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today 4-15-21 I went to HCU for a follow up about a x-ray I had here at Pontiac. I discovered I have several metal fragments in my pelvis area, bladder and stratum and will have to get surgery to get them removed. I been complaining at Shawnee correctional center for 7 months now and I'm finally receiving proper care. I have filed several grievances complaining about inadequate medical assistance, deliberate indifference, and the excruciating pain and suffering.

☒ Continued on reverse

Relief Requested:

Adequate medical assistance☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.☐ Check if this is NOT an emergency grievance.Jeff McGraw
Offender's SignatureY38458
ID#4-15-21
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 5/5/2021 ☒ Send directly to Grievance Officer☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

This grievance pertains to medical treatment and should be forwarded directly to the grievance office.

A. Dietz CC
Print Counselor's NameCharles Dietz
Sign Counselor's Name5/5/2021
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW:

Date Received: 4/19/21

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance☒ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedureLueta Jackson B
Chief Administrative Officer's Signature4/19/21
Date

Distribution: Master File; Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

MCGRAW ARB 0015

Assigned Grievance #/Institution:

Housing Unit:

Bed #:

MAY 05 2021

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

I have been going threw, I now have to recieve surgery where as if i wasn't neglected proper medical attention this could of been avoided. I'm still going threw excruciating pain. The grievances i have filled #'s are 2020-11-108E, 2020-12-34, and 2020-12-42E all in which were denied. Please look into this before things get worse. I was even sent here on shipment and Medical staff when i was in goin threw excruciating pain but didnt care because they are racist.

092121

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: McGraw, Jeff

4/20/21

Date

ID# : Y38458

Facility: Shawnee

This is in response to your grievance received on 1/11/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 7/1/20 Grievance Number: 2020-07-15 Griev Loc: Shawnee

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other Med/Mental Health Tx: Ms. Sandusky 6/26/20 advised not SMI, MH staff not at Adjustment Hearings, diagnosis

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☒ Other: Offender McGraw has been seen by mental health staff and provided services. He is not considered SMI at this time.

Mental Health staff are to review discipline for SMI offenders in accordance with policy, therefore would not review discipline of Offender McGraw. Offender McGraw may file a grievance on disciplinary reports received in accordance with DR 504.

FOR THE BOARD:

Sarah Johnson
Sarah Johnson
Administrative Review Board

CONCURRED:

Rob Jeffreys
Rob Jeffreys
Acting Director


CC: Warden, Shawnee Correctional Center
McGraw, Jeff, ID# Y38458

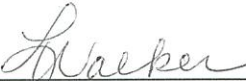
Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

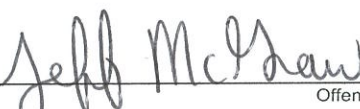
www.illinois.gov/idoc

MCRAW ARB 0017

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>07/16/2020</u>	Date of Review: <u>11/17/2020</u>	Grievance # (optional): <u>2020-07-15</u>
Offender: <u>Jeff McGraw</u>	ID#: <u>Y38458</u>	
Nature of Grievance: 11. Medical H. Mental Health		
Facts Reviewed: <p>Grievant states: On 6-26-20 I talked to Ms. Sandusky, MHP about my concerns with mental health treatment and why I wasn't SMI. She told me only people who can't think for themselves are considered SMI and she wasn't obligated to look over or witness my disciplinary report hearing with the adjustment committee which is a lie. SMI classification is based upon both diagnosis and functional impairment. Everybody in this prison is entitled to proper mental health treatment and observation. Every since I got here to Shawnee my mental health treatment has been horrible. When I got here I was already diagnosed with Bi-Polar disorder and OCD my first visit with tele-psych Dr. Ms. B she changed all of my diagnosis to just PTSD without properly evaluating me. She always cut me off and doesn't listen. I have requested to speak with Amanda Smith about my concerns but she has ignored my requests. IDOC is required by law to follow the Rasha settlement. My visits with my psychiatrist is not confidential they are open to tell us people with mental illness business its ridiculous. The staff neglect those of us that need help and act antisocial towards us that they should be helping.</p> <p>Relief Requested: Give me proper Mental Health treatment diagnoses, evaluate me for SMI, investigate all mental health staff here at Shawnee, have mental health do their jobs. Investigate my excessive punishment i been receiving for disciplinary actions.</p>		
Recommendation: <p>Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded mental health services and will continue to be provided services. He should contact the mental health staff or a member of security if he feels he is in immediate need of a crisis team member.</p>		
Kim Johnson, CCII _____ <small>Print Grievance Officer's Name</small>		 _____ <small>Grievance Officer's Signature</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>

Chief Administrative Officer's Response		
Date Received: <u>12 10 20</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken: <div style="text-align: right; margin-top: 20px;">  _____ <small>Chief Administrative Officer's Signature</small> </div> <div style="text-align: right; margin-top: 20px;"> <u>121020</u> _____ <small>Date</small> </div>		

Offender's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
 _____ <small>Offender's Signature</small>	<u>Y38458</u> _____ <small>ID#</small>	<u>12-23-20</u> _____ <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Reviewed: Response from A. Smith SWIV: A review of Mr. McGraw's mental health records shows that he transferred into Shawnee CC on 09/17/2019 and was not designated as SMI. He has been provided appropriate mental health services per protocol. He has received a Mental Health Evaluation by a clinically licensed Mental Health Professional; and he has received a Psychiatric Diagnostic Evaluation by a psychiatric provider/psychiatrist/MD. During the evaluations and at every interaction, the mental health staff will be monitoring for the clinical need to update any status including SMI designation and Level of Care. He is not currently SMI. The Mental Health Department is routinely monitored and audited internally and externally for compliance and quality of services. Mr. McGraw is receiving routine mental health treatment per clinical recommendations and protocol. All tele-psych sessions are held in either the HCU or in an office area in the housing unit. These areas both provide confidential access to the doctor via a laptop and are not open to tell the offenders mental health business.

Mr. McGraw is encouraged to speak to the Adjustment Committee in regard to his concerns about his disciplinary infractions and summaries. Mr. McGraw has been and will continue to be provided with mental health services, in accordance to the Administrative Directives and Standard Operating Procedural Manual for the Office of Mental Health Services in the Illinois Department of Corrections.

1st Lvl rec: 2020-07-15 ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance Housing Unit: 114 Bed #: 31

Date: 7-1-20	Offender (please print): Jeff McGraw	ID #: Y38458	Race (optional): BLACK
Present Facility: Shawnee Correctional Center		Facility where grievance issue occurred: Shawnee Correctional Center	

Nature of grievance:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): Inadequate Mental Health, Negligence		
<input type="checkbox"/> Disciplinary Report			

Date of report: Facility where issued:

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 6-26-20, I talked to my mental Health MHP Ms Sandusky about my concerns with mental Health treatment and why I wasn't SMI. She told me only people who can't handle for their self are considered SMI and she wasn't obligated to look over or witness my Disciplinary report or my Disciplinary report hearing with the adjustment Committee, which both is a lie SMI classification is base upon both diagnosis and functional impairment. And one of the issues covered by the Ashko settlement agreement is that every body in prison with a mental illness is entitled to proper mental health treatment and observation including problems with the disciplinary system with excessive punishment with mentally

☒ Continued on reverse

Relief Requested:
Give me proper mental health treatment and diagnoses, Evaluate me for SMI, Investigate all mental health staff here at shawnee, have mental health do their job, Investigate my excessive punishment, review my For disciplinary actions.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Jeff McGraw Offender's Signature Y38458 ID# 7-1-20 Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 7/6/20 ☒ Send directly to Grievance Officer
☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:
Per A. Smith LCSW, SWIV: A review of Mr. McGraw's mental health records shows that he transferred into Shawnee on 9/17/19 and was not designated SMI. He has been provided appropriate mental health services per protocol. He has received a Mental Health Evaluation by a psychiatric provider/psychiatrist/M.D. He is not currently SMI. Mr. McGraw has been and will continue to be provided with mental health services, in accordance to the Administrative Directives and Standard Operating Procedural Manual for the office of Mental Health Services in the Illinois Department of Corrections.

Fiorentino Print Counselor's Name Sign Counselor's Name 7/13/20 Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received:
Is this determined to be of an emergency nature:
☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

signed Grievance Introduction

Processing Unit

Page 21 of 59

Page ID #466

LV rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd LV rec:

Assigned Grievance

1st LV rec:

Date:

11 inmates in IDOC. Every since i got here to shawnee my mental health treatment has been horrible. I first got here i was already diagnosed with serious medical needs such as bipolar disorder, and O.C.D. My first visit with my Telepsych Dr. Ms. B she changed all of my diagnoses to just P.T.S.D without properly evaluating me, she tries to blame my acting on past trauma and always cut me off and doesn't listen to full stories. When i try to explain the situation to her when i was shot in the head and that i have alot of memories of my friend dies with me she doesn't properly treat me and tends to brush me off. When i talked to Ms. Sandusky about it she told me i have psychological trauma, which is another serious medical need in which Dr. B refuses to diagnose as with properly. Several months back while i had mental health group Ms. Kessie the DHT told me that rather inmates in order for us to be SMI we will have to eat each others feces. My mental health needs are not being treated seriously and instead of helping me mentally they mistreat me and punish me. I even wrote several request to speak with the Head Mental Health person here at shawnee Amanda Smith about my problems and concerns but she ignores all of my request. This prison is not going by proper mental health protocol and my mental illness is worsening. IDOC is the Illinois Department of Corrections and in here so i can be able to correct myself and actions i take so i can better myself before i go back to society where i wouldnt make the same mistakes i did to get me here in the first place. My lack of mental health knowledge and drugs got me here in prison and i really need help so i wont come back. Due to the Mashe v Jeffries vs. 07-1298 settlement agreement IDOC is required by law to follow the Mashe settlement agreement and 8th Amendment to increase and improve mental health treatment. My visits with my Psychiatrist is not Confidential i they are so open to tell us people with mental illnesses problems business its ridiculous. But as people whom they are supposed to help they neglect and act antisocial towards us. I am not able to see a QMHP if i need to speak with someone. I get yard 3 times a week but i dont get no other out-of-cell time except 1 phone call a week. When i ask for a crisis team i can never see any psych its always a sgt or a nurse who dont care about my mental illness and call me "crazy". I caught a ticket for a supposed "STG" for sending a message stating my dead friends name that was killed with me. When i asked for Mental Health to be my witnesses and accompany me while hearing my ticket because of the incident that my friend shondale gregory was killed in front of me and i was shot in the head i have PTSD. I was denied mental health being present because im not SMI in all actuality when came to IDOC diagnosed with any serious medical needs i was supposed to be SMI until somebody reevaluated me. Now i have 90 days in seg. Please help before things get worse or before my mental illnesses get so bad im in fact and.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender: McGraw Last Name Jeff First Name MI ID# Y38458

Facility: Pontiac

☐ Grievance: Facility Grievance # (if applicable) 202011108E Dated: 1/20/21 or ☐ Correspondence: Dated: _____

Received: 3/8/21 Date Regarding: Medical - denied treatment for bladder & prostate 11/17/2020

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

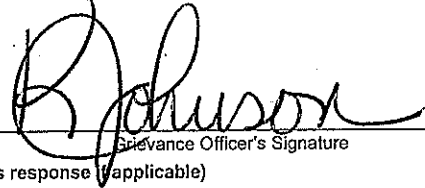
- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☐ No justification provided for additional consideration.


Other (specify): _____

Completed by: Debbie Knauer Print Name Debbie Knauer Signature 3/16/21 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

52-32

Grievance Officer's Report		
Date Received: 12/14/2020	Date of Review: 01/18/2021	Grievance # (optional): 202011108E
Offender: Jeff McGraw	ID#: Y38458	
Nature of Grievance: 11. Medical E. Treatment This response is for both 2020-11-108E and 2020-12-84.		
Facts Reviewed: Grievant states: On 11-17-20 I put in for NSC this is my ninth time putting in for NSC and I am being refused medical treatment by NP. Peeks and Dr. David. NP Peeks gave me a urine test a couple of weeks ago and I tried to explain to her that the test will not detect my problem of bladder and prostate problems. I told her to look in my file and she would see my history and test form. I tried to explain my past health issues and she was very rude, unprofessional and tends to have an attitude. M. Peeks has something against me because I am a young black man which is very wrong to be racist and bias. I have urinary incontinence, enlarged prostate, prostatitis and symptoms of BHP. All of this is known by M. Peeks and she is intentionally refusing me adequate treatment. On 12-16-20 I still have yet to receive medical attention for my enlarged prostate.		
Relief Requested: Give me proper medical care, investigate Mary Peeks for medical malpractice and racism. Please let me see the Dr. for all my problems because I fear Peeks will retaliate.		
Reviewed response from A. David, MD: He has been seen many times by the NP and the nurses claiming he has urinary retention from previous gun shot wound and prostate enlargement. He has been straight cath with no evidence of urinary retention. He is very young to have an enlarged prostate. There is no evidence of inflammation of the prostate (prostatitis). He will be seen as needed by nurses.		
Reviewed response from M. Peeks: The allegations made by McGraw are false. I conduct myself in a professional manner and the offenders age or skin color does not impact the care that is provided.		
Recommendation: Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded medical treatment and will continue to be provided services. He should continue to contact the HCU if he feels he needs to be seen. Staff misconduct could not be substantiated.		
Kim Johnson, CCII <small>Print Grievance Officer's Name</small>	 <small>Grievance Officer's Signature</small>	
<small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response		
Date Received: 12021	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
<input type="checkbox"/> Remand		
Action Taken:		
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAR 08 2021 ADMINISTRATIVE REVIEW BOARD </div>		
 <small>Chief Administrative Officer's Signature</small>		12021 <small>Date</small>

Offender's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
_____ <small>Offender's Signature</small>	_____ <small>ID#</small>	_____ <small>Date</small>

1st Lvl rec: 2020-11-108 ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance 7B/11E 2nd Lvl rec:

Date: 11-25-20	Offender (please print): Jeff McGraw	ID #: Y38458	Race (optional): BLACK
Present Facility: Shawnee Correctional Center		Facility where grievance issue occurred: Shawnee Correctional Center	

Nature of grievance:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input checked="" type="checkbox"/> Other (specify): Inadequate Medical assistance, Deliberate Endangerment		
<input type="checkbox"/> Disciplinary Report			

Date of report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local jurisdiction on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

RECEIVED RECEIVED
DEC 1 2020 NOV 30 2020

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility, or is subject to review by the Administrative Review Board
Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

CLINICAL SERVICES

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 11-17-20; put in a Nurse sick call because for the past 8 months i have been seeking treatment from the Medical staff here. I have a history of bladder problems and prostate problems due to me being shot and having prostatitis. This is my 9th time putting a Nurse sick call slip and i am being refused medical treatment by Nurse Practitioner Mary peeks and Dr. David. A couple of weeks back Mary peeks gave me a urine test for this problem in which does not detect bladder function or prostate problems. I took the urine test and explained to Mary peeks my problems and even

☒ Continued on reverse

Relief Requested:

Please give me proper medical care, investigate Mary peeks for Medical Malpractice and racism. Please let me see the Dr for all my problems because i fear Mary peeks will retaliate.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Jeff McGraw Y38458 11-25-20
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name Sign Counselor's Name Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer

RECEIVED

EMERGENCY REVIEW: Date Received: 12/1/20 MAR 08 2021

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

ADMINISTRATIVE REVIEW BOARD

Blaker 12/1/20
Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

explained that i have had this problem before. Mary peeks responded "i don't know" what the fuck i'm talking about". I explained that if she look in my medical file which was in her hand she would see my ~~my~~ history and test from a Urology Dr (Exhibit 2) in which it states i had prostatitis, chronic B/I testicular pain, I have had Suprapubic and urethral Foley catheters, acute bacterial prostatitis and was given cipro 500. She responded sayin "she doesn't care she do what she wants because she did 8 years in college for her job and she would come back and talk to me. Everytime i talk to her about my medicals problems she is very rude, ~~unprofessional~~ and tend to have attitudes. Mary peeks has something against me because i am a young black man which is very wrong to be racist and bias. I have been shot and has had a bullet frag removed from my bladder. I have a hard problems urinating, i have chronic pain in my pelvic area and penis, Sometime i cant hold my urine causing me to urinate on myself. Ms Mary peeks is well aware of this because we went over my medical records on other occasions and she was the person who had me sign the release of medical records paper. Exhibit 1 and 2. I'm having urinary retention which is the inability to empty the bladder at all and requires urgent medical treatment to drain accumulated urine. I have Urinary Incontinence which causes urine leaks when the bladder is under pressure and is caused by a ENLARGED PROSTATE. I have had PROSTATITIS which is inflammation of the prostate gland and is treated with medication. The condition may be slow to clear up and tends to recur, and i have a ENLARGED PROSTATE which is due to inflammation, prostate cancer, or benign prostatic hyperplasia. Symptoms of BHP may include frequent urination, delay in starting to pass urine, a weak urine flow, dribbling after urinating, and a ~~bad~~ feeling that the bladder has not emptied completely. Occasionally urine flow may be completely blocked causing rapidly increasing pain. THIS REQUIRES URGENT TREATMENT TO DRAIN ACCUMULATED URINE. Severe cases are treated with medications to shrink the prostate to improve urine flow. All of this is known to Mary Peeks and she is intentional Refusing me adequate medical assistance and causing my problems to get worse which is Wanton infliction of pain. The Supreme court has stated "deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain' proscribed by the Eighth Amendment. As with other Eighth Amendment claims, the deliberate indifference standard requires a plaintiff to show that the defendants had actual knowledge of an objective cruel conditions (in medical cases, a serious medical need) and did not respond reasonably to the risk.

2020-12-84 ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance 11E/28 2nd Lvl rec.

Date: 12-16-20	Offender (please print): Jeff McGraw	ID #: Y38458	Race (optional): BLACK
Present Facility: Shawnee Correctional Center		Facility where grievance issue occurred: Shawnee Correctional Center	

Nature of grievance:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input checked="" type="checkbox"/> Other (specify): Inadequate medical assistance, negligence		
<input type="checkbox"/> Disciplinary Report			

Date of report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administrative unit's protective custody use notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility, or is resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today is 12-16-20 and i still have get to recieve medical attention for my enlarged prostate. I am in severe pain constantly. I saw a nurse micali sunday nd she showed me i was scheduled to see Dr. David for prostate issues 12-8-20 and i have get to be seen. I dont know what this medical staff here has against me but i deserve to be treated equally due to my constitutional rights. I am constantly puttin in grievances, i had my mother and family members call up here to complain

☒ Continued on reverse

Relief Requested:

Please give me adequate medical assistance, investigate all medical staff here at shawnee, and send me to another Facility before these people try to kill me here.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Jeff McGraw Y38458 12-16-20
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☒ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

No review will be given due to not following DR 504.810, duplicate to grievance #2020-12-42.

This is a separate incident!

Bob Allan Jeff Y38458
Print Counselor's Name Sign Counselor's Name Date 12/23/20

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer

EMERGENCY REVIEW: Date Received: MAR 08 2021

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

ADMINISTRATIVE REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd LMRP

Date:

about my treatment, I saw nurses, I told both wardens, and now I still haven't been seen and treated for these very serious conditions. I am in pain 18 hrs of each day and my pain level is now at a 10. I am in severe unbearable pain because of these racist medical staff and people who are trying to hurt me temporarily. I don't know what needs to be done but it needs to be done asap. Can I please see medical asap? It's in my file I have medical problems with my prostate and bladder and I even attached the copies to recent grievances. I am in so much pain I cry sometimes and can't get out of bed please Help!

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender: McGraw Last Name Jiff First Name MI Y38458 ID#

Facility: Pontiac

☐ Grievance: Facility Grievance # (if applicable) 2020-12-425 Dated: 1/13/21 or ☐ Correspondence: Dated: _____
 Received: 3/8/21 Date Regarding: Medical treatment for prostate 12/4/2020

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
 Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

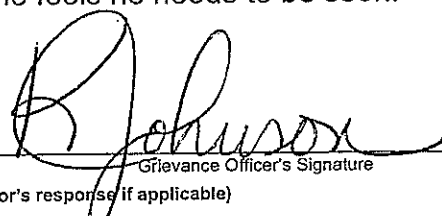
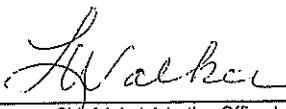
- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer Print Name Debbie Knauer Signature 3/16/21 Date

52-32

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>12/17/2020</u>	Date of Review: <u>01/13/2021</u>	Grievance # (optional): <u>2020-12-42E</u>
Offender: <u>Jeff McGraw</u>		ID#: <u>Y38458</u>
Nature of Grievance: 11. Medical E. Treatment		
Facts Reviewed: Grievant states: On 12-4-20 I was waiting to see telepsych and I observed Warden Mitchell so I asked if I can have a word with him about an emergency. He said yes so I told him I'm in a lot of pain due to me having an enlarged prostate and it's not being properly treated. I also told him that healthcare is refusing me medical attention and deliberately not giving me medical attention and left me to suffer with severe pain. He asked me how long has this been going on. I told him always and told him NP Peaks was the one refusing to see me. I was going to see Dr. David on 12-7-20 since Peaks referred me to him. On 12-7-20 Warden Mitchell said he was not medically trained and would rely on the medical staff to treat me. I was never seen by any medical provider on 12-7-20. I saw Warden Mitchell and Walker in the day making rounds and asked to speak with him again regarding my suffering. He said oh well, and walked off. I don't know what else to do. If I don't receive immediate care I'm going to have my lawyers contact all news channels, black lives matter and who else to ensure I receive proper treatment. I'm also pursuing a civil suit thru the 1983 forms. Relief Requested: Give me proper medical treatment, I'm also pursuing a civil suit for compensation. Reviewed response from Dr. David, Medical Director: He has been seen multiple times by the NP and the nurses claiming he has urinary retention from prior GSW and prostate enlargement. He has been straight cathed with no evidence of urinary retention. He is very young to have an enlarged prostate. There is no evidence of inflammation of the prostate (prostatitis). He will be seen as needed by the nurses and is scheduled to be seen by a medical professional the week of January 18, 2021.		
Recommendation: Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded medical treatment and will continue to be provided services. He should continue to contact the HCU if he feels he needs to be seen.		
Kim Johnson, CCII <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>
Chief Administrative Officer's Response		
Date Received: <u>1/13/21</u> <input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand Action Taken:		
 <small>Chief Administrative Officer's Signature</small>		RECEIVED MAR 08 2021 ADMINISTRATIVE REVIEW BOARD <u>1/13/21</u> <small>Date</small>
Offender's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
_____ <small>Offender's Signature</small>	_____ <small>ID#</small>	_____ <small>Date</small>

1st Lvl rec: 2020-12-42 ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance 11E 2nd Lvl rec:

Date: 12-8-20	Offender (please print): Jeff McGraw	ID #: Y38458	Race (optional):
Present Facility: Shawnee Correctional Center		Facility where grievance issue occurred: Shawnee Correctional Center	

Nature of grievance:

<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input checked="" type="checkbox"/> Other (specify): Inadequate medical attention, pain and suffering, deliberate indifference.		
<input type="checkbox"/> Disciplinary Report			

Date of report: Facility where issued:

RECEIVED
DEC 17 2020
RECEIVED
DEC 10 2020

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board, only if the issue involves discipline at the present facility or issue not resolved by the Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information to each person involved):

On 12-04-20, in healthcare at 8:17 am I was waiting to see telepsych and I observed Warden Mitchell Walk in threw the back of healthcare and I asked can I have a word with him about a emergency. He said yes so I told him im in alot of pain due to me having a enlarged prostate and its not being properly treated. I also told him that healthcare is refusing me medical attention and deliberately not giving me medical attention and lettin me suffer with severe pain. He asked me how long has this been going on.

☒ Continued on reverse

Relief Requested:

Give me proper medical treatment. im also pursuing a civil suit for compensation.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Jeff McGraw Y38458 12-08-20
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name Sign Counselor's Name Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer

EMERGENCY REVIEW: Date Received: 12/16/20

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature Date

RECEIVED
MAR 08 2021
ADMINISTRATIVE
REVIEW BOARD
12/16/20

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec.

I told him always and identified the Nurse practitioner Mary peels who is refusing me medical treatment who was behind the nurses station. He asked her what was going on she said she's not seeing me and that she referred me to Dr. David and i was going to see him on Monday 12-7-20. I informed Warden Mitchell that Nurse practitioner was liar and said the same things 3 weeks ago. Warden Mitchell told me he wasn't a Dr and would have to take Nurse practitioners word until he sees otherwise. Leaving me to suffer in pain. On 12-7-20 i was never seen by any medical what so ever and at 11:20 both warden Mitchell and Warden Walker did a walk threw here in receiving. I asked to speak with warden mitchell he asked what was it about and i told him i'm in extreme pain and told him i saw him Friday in health care and the Nurse practitioner Mary peels told him i would be seen That day which was 12-7-20 he said he remember that. So i told him i still haven't been seen and i going threw unbearable pain he said O'well and walked off. I have ~~used~~ exhausted all of my administrative remedies and i dont know what else to do so i can receive proper treatment. I am deliberately being refused medical treatment leaving me to extreme pain 18 hrs a day because im a black man in a racist Facility. If i dont receive immediate care im going to have my lawyers contact all news channels, Black lives matter and who else to ~~ensure~~ ensure i receive proper treatment. I'm also pursuing a civil suit threw the 1983 Forms.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender: McGraw Last Name Jeff First Name MI Y38458 ID#

Facility: Pontiac

☐ Grievance: Facility Grievance # (if applicable) 2020-07-56 Dated: 1/22/21 or ☐ Correspondence: Dated: _____

Received: 3/1/21 Date Regarding: DR202000588/1-SHA 6/18/2020

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer

Print Name


Debbie Knauer

Signature

3/18/21

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>07/30/2020</u>	Date of Review: <u>01/18/2021</u>	Grievance # (optional): <u>2020-07-56</u>
Offender: <u>Jeff McGraw</u>	ID#: <u>Y38458</u>	
Nature of Grievance: <u>Offender Disciplinary Report</u>		
<p>Facts Reviewed:</p> <p>This Grievance Officer reviewed offender McGraw's grievance, grievance records and pertinent information in O360 and Disciplinary Tracking System.</p> <p>Offender McGraw grieves that he is appealing the disciplinary action given to him by the Adjustment Committee for incident # 202000588/1-sha. Mr. McGraw requests that the ticket be expunged immediately, that he be put back in A grade, for the racist acts to stop and to be left alone.</p> <p>Per review of Mr. McGraw's grievance records, it has been determined that the issues outlined within this grievance have been previously addressed in grievance 2020-06-69.</p>		
<p>Recommendation:</p> <p>Based on a thorough review of all available information, this Grievance Officer recommends that offender McGraw's grievance be denied, as it is a duplicate to grievance 2020-06-69.</p>		
<u>Michael Nolen, CCII</u> <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>

Chief Administrative Officer's Response		
Date Received: <u>1/22/21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="margin: 5px 0;">MAR 01 2021</div> <div style="margin: 0;">ADMINISTRATIVE REVIEW BOARD</div>
<u>Hacker</u> <small>Chief Administrative Officer's Signature</small>		<u>1/22/21</u> <small>Date</small>

Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
<u>Jeff McGraw</u> <small>Offender's Signature</small>	<u>Y38458</u> <small>ID#</small>	<u>1-26-21</u> <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec:

2020-07-56

3A/3C/28

1st Lvl rec:

Date: 7-8-20	Offender (please print): Jeff McGraw	ID #: V38458	Race (optional): BLACK
Present Facility: Shawnee Correctional Center		Facility where grievance issue occurred: Shawnee Correctional Center	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☐ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☒ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): appeal of adverse decision Department rule 504. Subpart F, racism, bias, prejudice, Favoritism
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

RECEIVED

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

JUL 09 2020

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance

CLINICAL SERVICES

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I am appealing my disciplinary action given to me by the adjustment Committee for incident Number: 202000588/1-sha. I already grieved the disciplinary report and I am not duplicating any other grievance and followed DR 504.810 guidelines. I am currently in seg for a supposed STG because the prison is racist, bias, prejudice and staff discriminates against me because I'm a black muslim man trying to leave my past in the past. My 205-STG or unauthorized organizational activity is for stating my dead best friends name in a G-TL message. My dead best friend name is shondale gregory AKA "Tooie" who was

Continued on reverse

Relief Requested:

Expunge Ticket immediately, Put me back on A-grade, Stop the racist acts going on here, and please leave me alone!

- ☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

Jeff McGraw

Offender's Signature

V38458

ID#

7-8-20

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received:

☒ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

No review will be given due to not following DR 504.810, duplicate to grievance #2020-06-69.

Bob Allard

Print Counselor's Name

[Signature]

Sign Counselor's Name

7/09/20

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

RECEIVED

EMERGENCY REVIEW: Date Received:

MAR 01 2021

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

ADMINISTRATIVE
REVIEW BOARD

Chief Administrative Officer's Signature

Date

Distribution: Master File; Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

MCGRAW ARB 0034

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec:

2nd Lvl rec:

Killed at the age of 15 in front of me in Chicago, IL 2010, I talk to my MHP Ms Sandusky about him a lot because I have PTSD from the incident and my friend comes and talks to me and I use to take a psych med for it. Tooka was never a "insane gangster disciple" or never had any form of rank, leadership, or say so in any gang what so ever. I put in a request for 2 people to be my witnesses during my adjustment Committee hearing my friend Earl Dawson and my MHP Ms Sandusky to testify for I. My friend was killed at the age of 15 and wasn't a is not indicative to any gang for 2 that I often talk to Ms Sandusky about him because the incident with me seeing him killed I have PTSD and Nightmares and for 3 My friend Earl Dawson could of testified that I'm not in a gang anymore and when I was in a gang I was never a "Insane gangster Disciple". When I asked Lt. Lester of the adjustment Committee and sherrod of the intel Unit for my witnesses to be present and told them I put the proper paper in to have my witnesses present they told me I didn't need them. And also when I recieved my adjustment Committee final summary report it says that "no witnesses requested which is an exhibit A. Also earlier this year I caught a disciplinary ticket and was sent to seg on Feb 10 2020 for stating in GTL to my mother "On tooka there bitch as police got me more time and I was do what I do best". I stated "On tooka" in both messages, if me saying "on tooka" was a STG or was really serious why wasn't I written up for that then, or given a warning or anything. And why would I receive a punishment so severe now? Either Ms. Danko with the intelligence Unit has malice intentions or she doesn't know any history about gangs what so ever. If Ms. Danko has malice intentions about me it means she intentionally lied and fabricated a story to get me punished or even have harm done to me which is very wrong. My friend was gunned down in front of me and was only 15 years old. His name is not, has never been or will never be indicative to ANY gang! It's 3 things that can be indicative to the "Insane gangster disciples" and that's by someone putting something on the leader by saying "On Da Smokey" who real name is Ernest Wilson, by saying "On the I" which is short for Insane or by flat out saying "on Insane". It's a lot of people who knew tooka that are not Insane gangster disciples, gangster disciples or that are not in any gang period who says "On tooka" to show they are not liars. All of this is facts and can be proven. Not only by me stating "On tooka" not indicative to ANY GANG but by me stating I'm a self admitted Insane gangster Disciple is a flat out lie. When I first got here to Shawnee I was interviewed by Intel Unit sherrod who told him I didn't gang bang anymore. Even at my adjustment Committee disciplinary hearing sherrod showed a paper saying I was a "Rank 4" Insane gangster disciple. If a proper investigation would of been conducted Ms. Danko would of discovered the truth instead of being racist and trying to falsely penalize me. My AL-ISLAM / muslim religion forbids me from being in a gang or having any other leader except ALLAH. My past gang is actually the "Black Disciple" and when my friend Joseph Coleman aka "JoJo" was killed I started to rep "Insane Black Disciple" in remembrance of him. All of this can be proven and I will take a lie detector test to prove my innocence. I recieved a excessive punishment of 3 months segregation, 3 months C grade, 6 month Global block, 3 months disciplinary transfer, and 6 months Contact Visit restriction. And a friend of mine Derrien Jackson #Y28843 was also written up for a 205 - STG or Unauthorized organizational activity and 310 - ABUSE of Privileges for Making a 3rd party call and stating "on King David" which is indicative to the "Black Disciple" gang and is a self admitted affiliate of the "Black Disciple" gang which is shown in exhibit 2. In exhibit 3 you can see he was also found guilty of both offenses by Lt. Lester of the Adjustment Committee who was the same person who heard my friend and found me guilty. He recently recieved 2 months C grade, Global block of 6, and 6 month Contact Visit restriction. Why is my disciplinary action so severe? Please help I'm innocent and already served 30 days in seg so far!

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Exhibit 1

Exhibit 1

Name: MCGRAW, JEFF

IDOC Number: Y38458

Race: BLK

Hearing Date/Time: 6/15/2020 07:10 AM

Unit: SHA-S-02-31

Orientation Status: N/A

Incident Number: 202000588/1 - SHA

Status: Final

Date	Ticket #	Incident Officer	Location	Time
6/8/2020	202000588/1-SHA	DANKO, CHRISTINE C	INTELLIGENCE UNIT	07:25 PM

Offense	Violation	Final Result	
205	Gang Or Unauthorized Organization Activity	Guilty	
Witness Type	Witness ID	Witness Name	Witness Status

No Witness Requested

RECORD OF PROCEEDINGS

I/M Plea: Not Guilty I/M Statement: On Tooka is my dead homie who died in 2011 and he wasnt no INSANE GANGSTER DISCIPLE. I'm not no INSANE GANGSTER DISCIPLE. I aint in no gang anymore.

BASIS FOR DECISION

Written IDR by Danko that while monitoring I/M McGraw Y38458 GTL messages the following was noted: on 6/5/20 at 2:11pm McGraw sent a GTL message to Nijia Malone, in the message McGraw-stated "on tooka" which is indicative to the Insane Gangster Disciples STG. McGraw, Jeff Y-38458 is a self admitted Insane Gangster Disciple. I/M ID'd by ID.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

3 Months C Grade
3 Months Segregation
Revoke GCC or SGT 3 Months
Transfer (Disciplinary)
6 Months Contact Visits Restriction
Basis for Discipline: Seriousness of Offense

FINAL

3 Months C Grade
3 Months Segregation
Revoke GCC or SGT 3 Months
Transfer (Disciplinary)
6 Months Contact Visits Restriction

Signatures

Hearing Committee

LASTER, AUSTIN L - Chair Person

HOUSEMAN, CHRISTOPHER

Recommended Action Approved

Signature

06/15/20

BLK

Signature

06/15/20

WHI

Signature

Date

Race

Final Comments: N/A

RECEIVED

LU A WALKER / LAW 6/23/2020

Chief Administrative Officer

Signature

06/23/20

Date

MAR 01 2021

ADMINISTRATIVE
REVIEW BOARD

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served -- Date and Time

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE
FINAL SUMMARY REPORT

Name: JOHNSON, DERRIEN

IDOC Number: Y28843

Race: BLK

Living Unit: SHA-03-D-75

Orientation Status: N/A

Hearing Date/Time: 11/25/2019 08:23 AM

Status: Final

Incident Number: 201901783/1 - SHA

Date	Ticket #	Incident Officer	Location	Time
11/22/2019	201901783/1-SHA	HUGHES, RYAN M	INTELLIGENCE UNIT	08:00 AM

Offense	Violation	Final Result
205	Gang Or Unauthorized Organization Activity	Guilty
310	Abuse Of Privileges	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
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No Witness Requested

RECORD OF PROCEEDINGS

I/m Plea: Not guilty I/m Statement: I am not hooked up. My best friend Malcom David Franklin and we call him King David. I call my son "King DJ". Malcom David Franklin was killed by the Dalton Police Dept. When I came down here I told IA that I wasn't affiliated. I didn't know what she did was or is considered a 3-way call.

BASIS FOR DECISION

Written IDR: Hughes, R. stated On 11/22/2019 the Intelligence Unit monitored offender phone calls on the Securus Technologies Phone System and observed the following: On 11-23-2019 offender JOHNSON, DERRIEN Y28843 placed a call to 1-773-536-6685 (Ashley Jones). At play point 6:00 the called party merge a 3rd party into the conversation by using a second phone (310). This action was in direct disregard to the pre-recorded message warning against 3rd party calls played at the beginning of each call. Furthermore, at play points 9:11 and 5:17 offender JOHNSON is heard making the statement "On King David" which is indicative to the BLACK DISCIPLE STG (205). Offender JOHNSON is a self-admitted affiliate of the BLACK DISCIPLE STG. Based on this information offender JOHNSON, DERRIEN Y28843 is being charged with 205- SECURITY THREAT GROUP OR UNAUTHORIZED ORGANIZATIONAL ACTIVITY and 310- ABUSE OF PRIVILEGES. Positive identification by state ID.

I/m Statement: I am not hooked up. My best friend Malcom David Franklin and we call him King David. I call my son "King DJ". Malcom David Franklin was killed by the Dalton Police Dept. When I came down here I told IA that I wasn't affiliated. I didn't know what she did was or is considered a 3-way call.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

2 Months C Grade
Other : Global Block 773-536-6685
6 Months Contact Visits Restriction
Basis for Discipline: nature of offense

FINAL

2 Months C Grade
Other : Global Block 773-536-6685
6 Months Contact Visits Restriction

Signatures

Hearing Committee

LASTER, AUSTIN L - Chair Person

BLAKE, TINA N

Recommended Action Approved

Signature

11/25/19

BLK

Date

Race

11/25/19

BLK

Date

Race

Final Comments: N/A

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MAR 01 2021

ADMINISTRATIVE
REVIEW BOARD

MCGRAW ARB 0037

Offender Disciplinary Report

Date: 11/22/2019

Type of Report:

☒ Disciplinary ☐ Investigative

Shawnee Correctional Center
Facility

Offender Name: JOHNSON, DERRIEN

ID #: Y28843

Offense Information:

Observation Date: 11/22/2019 Approximate Time: 8:00 ☒ a.m. ☐ p.m. Location: Intelligence Unit

Offense(s): DR 504: 205-SECURITY THREAT GROUP OR UNAUTHORIZED ORGANIZATIONAL ACTIVITY and 310-ABUSE OF PRIVILEGES

Observation: (NOTE: Each offense identified above must be substantiated.);

On 11/22/2019 the Intelligence Unit monitored offender phone calls on the Securus Technologies Phone System and observed the following: On 10/3/2019 offender JOHNSON, DERRIEN Y28843 placed a call to 1-773-536-6685 (Ashley Jones). At play point 6:00 the called party merges a 3rd party into the conversation by using a second phone (310). This action was in direct disregard to the pre-recorded message warning against 3rd party calls played at the beginning of each call. Furthermore, at play points 9:11 and 15:17 offender JOHNSON is heard making the statement "On King David" which is indicative to the BLACK DISCIPLE STG (205). Offender JOHNSON is a self-admitted affiliate of the BLACK DISCIPLE STG. Based on this information offender JOHNSON, DERRIEN Y28843 is being charged with 205-SECURITY THREAT GROUP OR UNAUTHORIZED ORGANIZATIONAL ACTIVITY and 310-ABUSE OF PRIVILEGES. Positive identification by state ID.

Witness(es):

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

HUGHES	4568	<i>[Signature]</i>	11/22/2019	8:25	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Reporting Employee (Print Name)	Badge #	Signature	Date	Time	

Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons:

Printed Name and Badge #	Shift Supervisor's Signature (For Transition Centers, Chief Administrative Officer)	Date
--------------------------	--	------

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment:

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee
☐ Minor Infraction, submitted to Program Unit

<i>[Signature]</i> 556	<i>[Signature]</i>	11/22/2019
Print Reviewing Officer's Name and Badge #	Reviewing Officer's Signature	Date

☒ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):

<i>[Signature]</i>	<i>[Signature]</i>	11/22/2019
Print Hearing Investigator's Name and Badge #	Hearing Investigator's Signature	Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

Offender's Signature

ID#

Serving Employee (Print Name)

Badge #

Signature

Date Served

Time Served

☐ a.m.
☒ p.m.

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
-----------------------	----------------------	----------------------------------	-----------------------

Witness can testify to:

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
-----------------------	----------------------	----------------------------------	-----------------------

Witness can testify to:

RECEIVED

MAR 01 2021

ADMINISTRATIVE
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report

Date Received: 06/23/2020 Date of Review: 10/21/2020 Grievance # (optional): 2020-06-69
Offender: McGraw, Jeff ID#: Y38458

Nature of Grievance:

3. Discipline
A. Disciplinary Report
C. Sanctions

7. Staff Conduct
B. Performance of Duty

Facts Reviewed:

Grievant states: I fear for my life and safety. I am emotionally nd mentally being broken to the extent i don't know if i will live to see tommorrow. I was let out of seg 6-5-20 after doing 30 days for investigation an a ticket i caught in seg. sent several messages out from my email including a message to my little cousin (Nijia Malone) and in that message i stated "On tooka" to show her how serious i was. Shondale Gregory also known as "tookas" is my best friend who was killed in front of me at the age of 15 in 2010. Because of that traumatic incident i have ptsd nd depression nd take meds for it nd also talk to mental health for it. On 6-8-20 Officer Danko # 9266 wrote me a disciplinary report ticket for a 205-Security Threat Group or Unauthorized Organizational Activity for a GTL message i sent to my cousin where Officer C. Danko claims by me stating "On tooka" is indicative to Insane Gangster Disciples STG which is a 100% lie and she also claims that i am a self-admitted Insane Gangster Disciple which is a 100% lie.

Relief Requested: Remove from STG, throw my ticket out, Investigate C/O Danko #9266 nd see if she even qualify for a job in Gang Intelligence, and please protect me from all danger or any threats! Also protect me from all staff, Intel, nd IA here at Shawnee until I am transferred to another prison. Place me on A-grade for the inconvenience.

Reviewed: DTS Final Summary Report. Disciplinary Report, Record of Proceedings, and Basis for Decision follow DR504. Offender received 3 months C grade, 3 months Segregation, Revoke 3 months GCC, disciplinary transfer, and 6 months contact visit restriction as disciplinary action by the Adjustment committee for being found guilty of a 205 violation. This is a lesser than maximum penalty for the violation. (CONTINUED) → on back

Recommendation:

Based upon a total review of all available information and a compliance check of the due process safeguards outlined in DR504, this Grievance Officer recommends the offenders grievance be DENIED. Offender received a lesser than maximum penalty for the violation. Per Intelligence Unit Offender is self-admitted o being an INSANE GANGSTER DISCIPLE. This Grievance Officer failed to find evidence to substantiate offender's claim of Staff Misconduct. (CONTINUED)

R. Hughes CC1

Print Grievance Officer's Name

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Grievance Officer's Signature

Chief Administrative Officer's Response

Date Received: 10 25 20 ☒ I concur ☐ I do not concur ☐ Remand

Action Taken:

RECEIVED

MAR 01 2021

ADMINISTRATIVE REVIEW BOARD 10 25 20

Date

Chief Administrative Officer's Signature

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

*Offender 360-Grade History: Offender was restored to A grade on 10/20/2020.
*Offender 360-Time Adjustments: Revocation of 3 months denied by Springfield.
*Per Intelligence Unit, Sir, during McGraws intake interview on 09/17/2019, he (McGraw) self-admitted to being an INSANE GANGSTER DISCIPLE. McGraw also self-admitted to holding rank as GENERAL prior to incarceration. McGraw displays a tattoo on his right hand "FBG" (fly boy gang) which is indicative to the GANGSTER DISCIPLES STG.

Recommendation CONTINUED- The Intelligence Unit is addressing offender's safety concerns.

Nature of grievance:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA-Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____		
<input checked="" type="checkbox"/> Disciplinary Report	_____		

6-8-20 Shawnee Correctional Center
Facility where issued

I fear for my life and safety. I am emotionally and mentally being broken to the extent i don't know if i will live to see tomorrow. I was let out of seg 6-5-20 after doing 30 days for investigation and a ticket i caught in seg. I sent several messages out from my email including a message to my little cousin (Nijia Malone) and in that message i stated "On tooka" to show her how serious i was. Shondale Gregory also known as "tooka" is my best friend who was killed in front of me at the age of 15 in 2010. Because of that traumatic incident i have PTSD and depression and

☒ Continued on reverse

Relief Requested:
Remove me From STG; Throw my ticket out, Investigate C/O Danko #9266 and see if she even qualify for a job in Gang intelligence, and please protect me from all danger or any threats! Also protect me from all staff, Intel, and IA Here at Shawnee WAil; i am transferred to another prison. place me on A-grade For the inservice.

☒ Check **only** if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☒ Check if this is **NOT** an emergency grievance.

Jeff McNamee Y38458 6-9-20
Complainant's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response: _____

[illegible]

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 6-15-20

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance

☒ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature: *L Walker* Date: 6-15-20

DOC 0046 (Rev. 01/20)

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

take meds for it and also talk to mental health for it. On 6-8-20 OFFICER C. DANKO #9266 wrote me a disciplinary ticket for a 205 - Security Threat Group or Unauthorized Organizational Activity for a GTL message i sent to my cousin where OFFICER C. DANKO claims by me stating "On Fooka" is indicative to Insane Gangster Disciples STG which is a 100% lie and he also claims that i am a self-admitted Insane Gangster Disciple which is a lie. By something being indicative means it has to indicate something in which my best friend Shondale Gregory aka "Fooka" is not indicative to any gang or Security Threat Group in any shape form or fashion what so ever. Also i am not a Insane Gangster Disciple never have never will be one and i am willing to take a lie detector test for all of this. The incident with my friend being killed can be proven and googled his name is Shondale Gregory killed on 63rd and st. Lawrence in Chicago, IL on a bus stop 2009-2000. I am constantly being picked on and singled out by Intel here and my life and mental health safety is constantly being put in jeopardy. Its only 1 name that can be indicative to any Gang or Security threat group and that's thier former or past leader in which my best friend was never a gang leader nor was he looked upon as a gang chief. I state various names of my dead friends or family and none of them are indicative to any Gang or STG. When i came down here i told Intel sherrad i wasn't in any gang anymore and that i dont Gang bang anymore. Even in my past when i did Gang bang i was never a Insane Gangster Disciple so for me to even be known as one or lied on is crazy and degrading. Names that can be indicative to gangs are known world wide as for the Black Disciples is David Barksdale aka "King David" as for the Gangster Disciples it is Larry Hoover, as for the Insane Gangster Disciples it is Ernest Wilson aka "Don Smokey" and for other gangs all of this can be proven via Internet. My friend was never a chief or leader of any gang and he was not even a Insane Gangster Disciple before he died and all of this can be proven. I Do not belong to ANY Security Threat Group anymore i am a muslim man and my ~~past~~ ^{past} affiliation is not apart of me anymore and i only want to be seen as a muslim man. This could get me hurt or killed anywhere! OFFICER C. DANKO #9266 should not work intel if she dont even know the history, lingo, or leaders of gangs and is falsely accusing people of being indicative or participating in any STG activity. All of this can be proven by internet, Intel at Cook County and i am willing to take a lie detector test about all of this. I dont want to die or get killed for anything in jail or in society and this is putting me in immediate danger. Please help I am currently in Sec for a misunderstanding and multiple lies that wasn't even investigated before disciplinary actions were taken.

1825

I am appealing the decision of Grievance # 2020-07-56 because ~~no~~ this grievance is not a duplicate of Grievance # 2020-06-69.

They are trying to cover up their actions of wrong doing and racism. On Grievance # 2020-06-69 Exhibit A and B i am grieving receiving the ticket and the staff conduct of officer Parlo, and officer sherrod. On grievance # 2020-07-56 i grieved the disciplinary action i was given for my ticket. As you can see on Exhibit 2 and 3 its shows that Favoratism was shown to another inmate for the exact same disciplinary ticket. They know this for a fact and refuse to investigate the situation. Can you please look at this and help me.

RECEIVED

MAR 01 2021

ADMINISTRATIVE
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender: McGraw Last Name Jeff First Name MI Y38458 ID#

Facility: Shawnee

☒ Grievance: Facility Grievance # (if applicable) 2020-06-96 Dated: 6/12/2020 or ☐ Correspondence: Dated: _____

Received: 12/23/2020 Date Regarding: Medical - Medical treatment, nerve damage, right arm

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

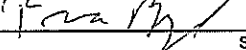
Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☒ No justification provided for additional consideration.

Other (specify): Grievance not in accordance with DR504F.

Completed by: Travis Bayler Print Name  Signature 2/4/2021 Date

52-32

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report

Date Received: 06/29/2020

Date of Review: 10/21/2020

Grievance # (optional): 2020-06-96

Offender: McGraw, Jeff

ID#: Y38458

Nature of Grievance:

11. Medical
E. Treatment
22. Other

Facts Reviewed:

Grievant states: On 6-12-20i talked to NP Mary Peeks and she was being assisted by nurse Jason Jackson. We were having a conversation about my treatment for my nerve damage in my right arm due to a gunshot wound. On 6-5-20 i talked to Mary Peeks about the same thing and she stated my medical records never came from John Stroger hospital in Chicago ll were a received a emg "nerve test" and that i will be called to HCU to sign a release form so they can recieve my medical records. I was never called to sign the forms. On 6-12-20 NP Mary Peeks came to recieving and presented me a medical form and stated " oh it was lost nd Kim Johnson found it". She never let me physically examine it to make sure it wasn't fabricated. She stated " I never see you were in nuerontins but my personal opinion is nuerontins are dangerous so im not givin them to you".

Relief Requested: Investigate Np Mary Peeks, Give me proper medical assistance, give me proper treatment, I will like to be compensated for Inadequate medical assistance Diliberate indifference, and pain and suffering. Give me a copy of all my medical records. Please help!! Put me back on Gabapntin.

Reviewed: Response from HCUA Smoot- Per chart review: Noted Offender McGraw was seen by NP Peeks on 6/12/2020; NP Peeks documented 5.5 pages related t her encounter with Offender McGraw, including review of old records; NP Peeks documented that McGraw was agitated throughout the assessment and even more so when she attempted to provide patient education; after reviewing past medical history with McGraw and discussing his refusal of pain interventions that were not pharmaceutical, NP Peeks documented that she is not comfortable with prescribing McGraw Gabapentin due to " it appears as though patient is only interested in (CONTINUED)

Recommendation:

Based upon a total review of all available information, this Grievance Officer recommends the offender's grievance be DENIED. Per HCUA Smoot: "I support NP Peek's decision, and trust that her intentions were patient centered and without bias".

R. Hughes CC1

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 10 25 20

☒ I concur☐ I do not concur☐ Remand

Action Taken:

RECEIVED

DEC 23 2020

ADMINISTRATIVE
REVIEW BOARD

Black

Chief Administrative Officer's Signature

10 25 20

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

Jeff McGraw

Offender's Signature

Y38458

ID#

11-24-20

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

getting Gabapentin". I support NP Peek's decision, and trust that her intentions were patient centered and without bias.

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

Date: 6-12-20	Offender (please print): Jeff McGraw	ID #: Y38458	Race (optional): BLACK
Present Facility: Shawnee		Facility where grievance issue occurred: shawnee	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): Inadequate Medical assistance, Deliberate Indifference, Pain and suffering
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately after notification on the protective custody status notification.

Complete: Attach a copy of the grievance document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle labeled "grievance".

Counselor, unless the issue involves discipline, is deemed an emergency or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 6-12-20 I talked to NP Mary Peeks and she was being assisted by Nurse Jason Jackson. We were having a conversation about my treatment for my Nerve damage in my right arm due to a Gunshot wound. On 6-5-20 I talked to Mary Peeks about the same thing and she stated my medical records never came from John Stroger hospital in Chicago. I have received a emg "Nerve test" and that I will be called to HCM to sign a release form so they can receive

☒ Continued on reverse

Relief Requested:

Investigate NP Mary Peeks, Give me proper medical assistance, Give me proper treatment, I will like to be compensated for Inadequate medical assistance, Deliberate indifference, and pain and suffering. Give me a copy of all my medical Records. Please help! Put me back on my Gabapentin

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.☒ Check if this is NOT an emergency grievance.

Offender's Signature

ID#

Date

This is not a duplicate its a separate incident with the same person please help!

Counselor's Response (if applicable) Date Received: ☒ Send directly to Grievance Officer☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

No review will be given due to not following DR 504.810, duplicate to grievance #2020-05-156.

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 6.17.20

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☒ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedures.

Chief Administrative Officer's Signature

Date

Distribution: Master File; Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

MCGRAW ARB 0047

Assigned Grievance #/Institution: _____

Housing Unit: _____

Bed # _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

1st Lvl rec: _____

My Medical records. I was never called to sign the forms. On 6-15-20
 NP Mary Peeks came to receiving and ~~me~~ presented me a Medical
 form and stated "Oh it was lost and Kim Johnson found it". She never
 let me physically examine it to make sure it wasn't fabricated.
 She stated "I see you were on neurotins but my personal opinion is
 neurotins are dangerous so im not ~~goin~~ giving them to you". stated to her
 "what was i suppose to do about pain and functioning my arm" she told me
 it will get better in time its nothing i can do. This is deliberate Indifference.
 Mary peeks sees im in pain and can hardly function my arm and hand
 but refuses to give me any treatment. Once again my medical
 attention is not being taken serious. Treatment is serious and should be followed
 by protocol and not a opinion. Her feeling "they are dangerous" dont
 mean i shouldn't receive proper treatment! I should be the one to
 determine if the side effects are dangerous in which she never told me
 what they were. I should receive proper treatment like everybody else.
 She also stated "I dont give out neurotins" so its other people suffering
 because of her personal opinion of a medication and thats not right.
 please help immediately

This not a duplicate this is a whole new incident with
 the same person. I followed DM504.810 guidelines. ~~Q~~

Neurology Outpt
* Final Report *

MCGRAW, JEFF - 004278201c

HTN

Bipolar disorder

Family History:

Unable to obtain.

Procedure history:

No active procedure history items have been selected or recorded., Kidney stone and bullet fragment removal in 2014

Social History

Tobacco: not smoked in 3years due to incarceration

Alcohol: previous social drinker

Illicits: previous marijuana and ecstasy use

Currently incarcerated.

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DEC 23 2020
ADMINISTRATIVE
REVIEW BOARD

Physical Examination

Constitutional: Vital Signs

10/15/2018 13:02 CDT

Temperature Oral

97.6 DegF

Heart Rate

82 bpm

Respiratory Rate

18 breaths/min

Systolic Blood Pressure

170 mmHg >HHI

Diastolic Blood Pressure

87 mmHg

General: Alert and oriented, No acute distress.

Eyes: Ophthalmoscopic examination of discs and posterior segments normal.

Musculoskeletal: See neurology section for motor and gait exam.

Neurologic: Discs sharp bilaterally

MS: awake, oriented to person, place and time, nl language and comprehension, nl recall and attention

CN: PERRL, EOMI, nl facial strength and sensation, nl hearing to finger rub, sym palate elevation, no tongue deviation

Motor: 5/5 throughout with exception to R. interossei, nl tone, no abn movements

DTR: 2+ throughout with exception to triceps which were 1+ bilaterally, downgoing toes

Sensation: nl sensation to LT, diminished sensation to PP in digits 4 1/2 and 5.

Coord: no dysmetria on ftn or hts, nl RAM

Gait: nl casual and tandem gait.

Impression and Plan

Impression: Patient is a 24yoM [REDACTED] HTN and GSW 5 years ago with residual RUE numbness. Patient describing worsening symptoms of pain and burning. Patients symptoms are likely residual from known C8 traumatic radiculopathy. However, given patients description of worsening symptoms, would like EMG/NCS to evaluate for additional ulnar neuropathy. Described that it takes time for nerve injury to heal and that symptoms could be persistent, particularly given chronicity of his injury. Described medication options including gabapentin which patient states that he remembers trying with some improvement as well as lidocaine patches and ointment.

Recommend the following:

-Can consider addition of medication for patients burning pain including gabapentin 100mg TID vs. lidocaine patch or

Printed by: SMITH, MONICA
Printed on: 01/23/2020 10:00 CST

Page 3 of 4

MCGRAW ARB 0049

Neurology Outpt

MCGRAW, JEFF - 004278201c

* Final Report *

- lidocaine topical ointment
- EMG/NCS to evaluate for additional nerve injury
- Patient was given my office number and advised to call with any additional questions or worsening symptoms. For emergency situations, patient was advised to call 911 and/or present to the ER immediately.
- Discussed above with patient. Patient verbalized understanding.
- Followup with PCP.

Diagnosis

Radiculopathy affecting upper extremity : ICD10-CM M54.10, Discharge DX, Medical.

Signature Line

Electronically Authored On: 15-Oct-18 13:34

Electronically Signed By: WARRIOR MD, LAKSHMI

PAGER BUS: 312 400 4556

Completed Action List:

- * Perform by WARRIOR MD, LAKSHMI on October 15, 2018 13:27 CDT
- * Modify by WARRIOR MD, LAKSHMI on October 15, 2018 13:34 CDT
- * Sign by WARRIOR MD, LAKSHMI on October 15, 2018 13:34 CDT
- * VERIFY by WARRIOR MD, LAKSHMI on October 15, 2018 13:34 CDT

Printed by: SMITH, MONICA
Printed on: 01/23/2020 10:00 CST

Page 4 of 4

MCGRAW ARB 0050

OCTOBER 29, 2020

TO: ADMINISTRATIVE REVIEW BOARD:

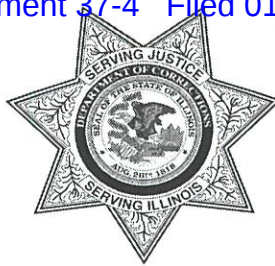
ENCLOSED FOR YOUR REVIEW IS THE GRIEVANCE OFFICER'S
RESPONSE AND MEDICAL REPORT ELECTRONICALLY SIGNED BY:
WARRIOR MD, LAKSHMI ORDERING THAT I BE PLACED ON GABAPERTIN
100 MG, WHICH I WAS ON UNTIL MY ARRIVAL AT SHAWNEE
CORRECTIONAL CENTER. ONCE I ARRIVED AT SHAWNEE, NURSE
PRACTITIONER MARY PECKS REFUSED TO PRESCRIBE GABAPERTIN
OR AN ADDITIONAL MEDICATION FOR MY CONTINUING PAIN.

RESPECTFULLY,

JEFF MC GRAW #Y38458

RECEIVED
DEC 23 2020
ADMINISTRATIVE
REVIEW BOARD

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: McGraw, Jeff

11/24/20

Date

ID# : Y38458

Facility: Shawnee

This is in response to your grievance received on 6/19/2020. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 5/21/2020 Grievance Number: 202005156E Griev Loc: Shawnee

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other 5/21/20 Medical treatment; wants to see the Doctor and get treatment for his nerve damaged right arm

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☒ Other: The Provider has the discretion on what medication order, tests or referral appropriate for offender. Offender has been seen, and further evaluation requested. Offender is to follow regular sick call protocol for further medical need. Moot.

FOR THE BOARD: _____

KUFORJI, ADEWALE
Administrative Review Board


CONCURRED: _____

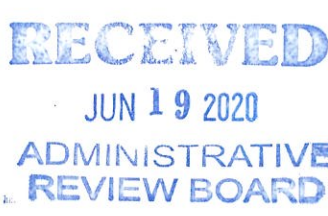

Rob Jeffreys
Acting Director


CC: Warden, Shawnee Correctional Center
McGraw, Jeff, ID# Y38458

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 05/26/2020	Date of Review: 06/02/2020	Grievance # (optional): 202005156E
Offender: Jeff McGraw	ID#: Y38458	
Nature of Grievance: 11. Medical E. Treatment Offender wants to be seen and evaluated for medication and physical therapy.		
Facts Reviewed: Grievant states: On 4-30 and 5-9-20 I saw nurse Robin for NSC regarding the nerve damage in my right arm, from a gun shot wound. She said I would see a Dr or NP in 72 hours and I still haven't. I have put in multiple NSC requests which have been ignored. I need put back on my gabapentin or neurotins because I have sever nerve damage. Dr. Drew said he has talked to Dr. David and the NP about my problems and I still haven't received and medical attention. Relief Requested: Given proper medical treatment, medication and physical therapy. Reviewed: Response from HCUA Smoot: Per chart review; Offender McGraw was seen by Robin RN, and at that time, Nurse Robin failed to complete a treatment protocol or add Offender to the 72hour book; on 5/06, Offender was seen on NSC for signs/symptoms of UTI, but no complaints of pain/discomfort to arm; 5/12, the NP reviewed Offender's medical file, noted no treatment protocol or previous mention of medication requested for arm pain, advised to request NSC; 5/23, seen by Drew LPN for Seg NSC, treatment protocol not completed, and medical file flagged for Provider review. This writer has requested Offender McGraw be seen again for NSC, a treatment protocol completed, and a Provider review. Reviewed O360 Call Pass History: Offender has over 50 previous call passes for the HCU.		
Recommendation: Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded <u>mental health</u> services and will continue to be provided services.		
Kim Johnson	 <small>Grievance Officer's Signature</small>	
<small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response	
Date Received: 6-4-20	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken: <div style="text-align: center; margin: 10px 0;">  </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">  <small>Chief Administrative Officer's Signature</small> </div> <div style="width: 35%; text-align: right;"> 6-4-20 <small>Date</small> </div> </div>	

Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>	Y38458 <small>ID#</small>	6-10-20 <small>Date</small>

1st Lvl rec: 2020-05-15b ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance Housing Unit: 2E C1 0 Bed #: 0

Date: 5-21-20	Offender (please print): Jeff McGraw	ID #: Y38458	Race (optional): Black
Present Facility: Shawnee C.C.		Facility where grievance issue occurred: Shawnee C.C.	

Nature of grievance:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input checked="" type="checkbox"/> Other (specify): Inadequate Medical Assistance		
<input type="checkbox"/> Disciplinary Report			

Date of report: 5-21-20 Facility where issued: Shawnee C.C.

Note: Protective Custody Denials may be grieved immediately via the usual administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issued/resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON 4-30-20 and 5-9-20 NURSE Robin saw me for a nurse sick call. Each sick call was for my nerve damage in my right arm from a Gun shot wound. She informed me i will see a doctor or nurse practitioner in 72 hrs. I still havent seen one as if my need of medical assistance isnt important. I have put in Over 15 nurse sick calls every since i got to shawnee nd was seen once by a Dr nd he said he was waiting on paper work from Cook County. Thats been almost 6 months nd i still havent heard anything and my

CLINICAL SERVICES

Continued on reverse

Relief Requested:

Please give me proper medical treatment including proper meds, and physical therapy before my problem get worse please

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

Offender's Signature: Jeff ID#: Y38458 Date: 5-21-20

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name Sign Counselor's Name Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 5-26

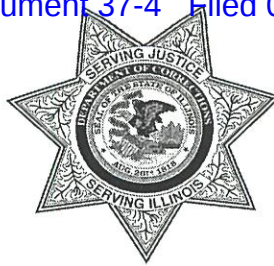
Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure.

Chief Administrative Officer's Signature: [Signature] Date: 5-26-20

Nurse sick calls are being ignored. Multiple Nurses have evaluated me and determined i need to be put back on my gabapentin or Nucetins because i have severe nerve damage due to a gun shot wound. A lot of times the pain i go threw is excruciating and unbearable and its only getting worse because i am not getting the proper treatment or physical therapy. I need help bad im not asking for any special treatment or anything i just want my medical treatment to be fair. Before my arm and fingers get so bad that i cant use them please help! even Dr. Drew has told me he has talked to the Dr. David and the Nurse practitioners about my problem and i still havent recieved ANY MEDICAL ATTENTION!

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: McGraw, Jeff

11-2-20
Date

ID#: Y38458

Facility: Shawnee

This is in response to your grievance received on 4-27-20. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 2-17-20 Grievance Number: 202002119 Griev Loc: Shawnee

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other Mental Health - Medication

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☒ Other: Medication prescribed is at the discretion of Mental Health Professional. offender needs to seek mental health for arising concerns. Denied.

FOR THE BOARD: _____

KUFORJI, ADEWALE
Administrative Review Board

CONCURRED: _____

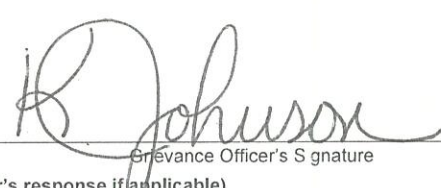
Rob Jeffreys
Acting Director

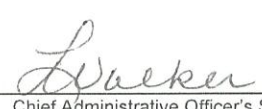
CC: Warden, _____ Correctional Center
_____, ID# _____

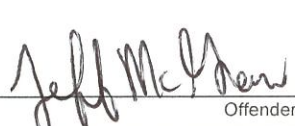

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

R-177

Grievance Officer's Report		
Date Received: 02/20/2020	Date of Review: 03/24/2020	Grievance # (optional): 202002119E
Offender: Jeff McGraw	ID#: Y38458	
Nature of Grievance: 11. Medical C. Medication Wants to continue taking effexor 150mg twice a day.		
Facts Reviewed: Grievant states: I got to Shawnee on 9-7-19 and I was taking psych meds. I talked to the psych doctor and was told IDOC doesn't give affexor and that I will be winged off of it. She told me to stay on it i would have to try other meds first. I informed her I have tried other meds and had bad side effects and I told her I have serious depression disorder. The last time I seen the doctor was at the end of January 25 or 30th and she changed my meds without even informing me. Relief Requested: Put back on my original medication which is 300mg effexor, 150mg twice per day. If not send me to a institution that can accomodate my psych needs please. Reviewed: Response from SWIV Smith: A review of Mr. McGraw's mental health records show he was seen by the psychiatric provider, per protocol, and the conversation as to medication changes and the reasons for the change were discussed between Mr. McGraw and the psychiatric provider during the appointments. It is at the discretion of the psychiatric provider as to which medication is clinically needed and prescribed. Formulary and non-formulary policies and directions towards psychiatric providers would be the same at other IDOC facilities. After a review of his mental health records, the MHP and Psychiatric documentation demonstrates appropriate clinical direction and treatment, as well as appropriate level of care. Mr. McGraw has been and will continue to be provided with mental health services, in accordance to the Administrative Directives and Standard Operating Procedural Manual for the Office of Mental Health Services in the Illinois Department of Corrections.		
Recommendation: Based upon a total review of all available information, this Grievance Officer recommends the grievance be DENIED. The offender is being afforded mental health services and will continue to be provided services.		
Kim Johnson	 Grievance Officer's Signature	
Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)		

Chief Administrative Officer's Response	
Date Received: _____	<input type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken: _____	
 Chief Administrative Officer's Signature	<div style="text-align: center;"> RECEIVED APR 27 2020 ADMINISTRATIVE REVIEW BOARD </div> <div style="text-align: right;"> 3-31-20 Date </div>

Offender's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
 Offender's Signature	Y38458  ID#	4-16-20 Date

Date: 2-17-20	Offender (please print): Jeff McGraw	ID #: Y38458	Race (optional):
Present Facility: Shawnee Correctional Center		Facility where grievance issue occurred: Shawnee Correctional Center	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): Psych Treatment
☐ Disciplinary Report

2-17-20
Date of report

RECEIVED
SHAWNEE CORRECTIONAL CENTER
MAR 02 2020
FACILITY WHERE ISSUED
GRIEVANCE ELIASON

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Grievance Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I got here to shawnee 9-17-19 in which i was taking psych meds when i talked to my psych doctor i was told that idoc doesn't give people affexor (ANTI DEPRESSANT) and that i will be winged off of it. She also told me if i wanted to stay on it i will have to try out other meds and see if they work. I told her that i took 2 of the meds already and the side affects were 2 severe and they didn't help me. I also informed her that i have very severe depression disorder and taking off my Original meds will be

☒ Continued on reverse

Relief Requested:

Please put me back on my original medication which is 300mg of affexor 150mg in the morning and 150mg at night. If not send me to a Institution that can accomodate my psych needs please.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Jeff McGraw
Offender's Signature

Y38458
ID#

2-17-20
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

RECEIVED
APR 27 2020
ADMINISTRATIVE
REVIEW BOARD

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 3.2.20

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

3.2.20
Date

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec:

2nd Lvl rec:

A problem and that i have been taking affexor since 2017 and that my behavior and depression has gotten better. Now since i on receive 375mg my depression and behavior is getting worse. I fear something bad might happen if i not put on my regular meds. I shouldn't have to try several different meds just to get back on my original. My constant change of medication is bothering me mentally and emotionally. And i know my behavior and depression will only get worse. The last time i seen the doctor was at the end of january apro 25-30 and she changed my Meds again without even informing me!